

# Work Order ID 71099

Wednesday, June 22, 2011 11:39:10 AM



*Ship today*

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Item ID: D412-724-011

Accept



Setup Start



Revision ID:

Item Name: Replacement Head Rest

Stop



Start Date: 6/22/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 6/22/2011 Req'd Qty: 1.00



Customer:

Reference:

Approvals:

Process Plan: *CMF*

Date: *11-06-22*

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

N/A

Rev N/A

100

0.00



DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels per PPP D412-724-011 CHG001

110

0.00



Pick Kit

Packaging

Memo

0.00

Packaging

*11/6/22 sf*

120

0.00



QC4- 100% Inspect kits for completeness

QC

Memo

0.00

Quality Control

*8/16/22*

*(40)*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

**Work Order ID 71099**

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Item ID: D412-724-011

Accept



Setup Start



Revision ID:

Stop



Item Name: Replacement Head Rest

Start Date: 6/22/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 6/22/2011 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 	Packaging	0.00							
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D412-724-011 Location: _____ PPP Rev: _____								
140 	QC21- Final Inspection - Work Order Release	0.00							
QC Quality Control	Memo	0.00							

11/6/22

11/6/22

MC  
11-06-22

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

# Picklist Print

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Work Order ID: 71099

Parent Item: D412-724-011

Parent Item Name: Replacement Head Rest

Start Date: 6/22/2011


Required Date: 6/22/2011

Start Qty: 1.00

Required Qty: 1.00


Comments: IPP Rev:A 04.09.08 New Issue KJ/JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D412-724-041	CHC7001	Manufactured	No			120	Each	2.0000	2	2			
													
Head Rest Assembly, Center													


Location Loc Qty Loc Code

FG031	2	
62844	1	
67326	1	

D412-724-043		Manufactured	No			120	Each	4.0000	1	1			
													
Head Rest Assembly, LH													

Location Loc Qty Loc Code

FG031	4	
44408	1	
60366	2	
61613	1	

D412-724-044	CHC7001	Manufactured	No			120	Each	2.0000	1	1			
													
Head Rest Assembly, RH													

Location Loc Qty Loc Code

FG031	2	
65872	1	
67327	1	

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries